MAXIMUS Federal Services

Case Number:	CM14-0028398		
Date Assigned:	06/16/2014	Date of Injury:	03/21/2002
Decision Date:	07/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Psychologist and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female who reported an injury on 03/26/2002 for a robbery at gunpoint. The injured worker had a history of neck pain with a diagnosis of post-traumatic stress disorder, anxiety state, unspecified, neck pain, and lumbar degenerative disc disease. The injured worker's medications included Ultram one 4 times a day, lidocaine patch 5 percent one daily, Niravam, Celebrex 200 mg one daily and Cymbalta. The injured worker rated her pain 8/10 with medication and 10/10 without medication using the visual analogue scale. The injured worker has been approved for neck surgery. The prior treatment had included Niravam and Cymbalta and the injured worker had been seeing a therapist for the last 8 years; however, the therapist had passed away. The treatment plan was for 12 psychotherapy visits over 3-4 months. The authorization form dated 06/16/2014 was submitted with documentation. There was no rationale given for 12 psychotherapy sessions over 3-4 months for the injured worker and her family.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 PSYCHOTHERAPY SESSIONS OVER 3-4 MONTHS, PATIENT & FAMILY, 30 MINUTES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BEHAVIORAL INTERVENTIONS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: The request for 12 psychotherapy sessions over 3-4 months patient and family, 30 minutes is not medically necessary. The California MTUS Guidelines indicate that the initial treatment for at risk injured workers should be physical medicine for exercise instruction, using a cognitive approach to medicine. A consideration of separate psychotherapy of cognitive behavioral therapy for a referral after 4 weeks if lack of progress from physical medicine alone. The initial trial of 3-4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. The documentation indicated that the injured worker had seen a therapist for eight years and it is unclear of the progress the injured worker made. The documentation provided also indicated that the injured worker had 4 sessions at [redacted] from 06/19/2013 to 01/23/2014. The documentation did not indicate the family had been in need of psychotherapy. It was noted that the injured worker had been tapered of the Niravam; however, no dosages were given. Per The California MTUS Guidelines, the request for 12 psychotherapy sessions exceed the recommended 6-10 sessions. As such the request for 12 psychotherapy sessions over 3-4 months, patient and family 30 minutes is non-medically necessary.